



EMPLOYMENT APPLICATION FORM

First Nations applicants will be given preference to deliver programs and services.																
PART I GENERAL INFORMATION																
Application for: (Job Title and 5 digit Posting #)										Closing Date:						
Name of Applicant:		First Name			Initial	Last Name										
Mailing Address (R.R.#, Blue # & Address)										Home Phone.			Alternate Phone No.			
City or Town or Village				Province			Postal Code			Email Address						
Six Nations Elected Council is an equal opportunity employer and will seek to accommodate the needs of individuals with disabilities in a manner that most respects their dignity. All candidates are encouraged to apply; Based on the need to provide qualified professional services only those applicants meeting the minimum requirements will be invited for an interview.																
Do you have the valid required Ontario driver's license(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type? <input type="checkbox"/> G <input type="checkbox"/> G2 <input type="checkbox"/> G1 <input type="checkbox"/> F <input type="checkbox"/> DZ <input type="checkbox"/> AZ Other: _____					Do you have valid vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					Do you have a valid First Aid/CPR Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If you have previously worked for Six Nations Elected Council, please answer the following:																
Length of time worked _____ Months _____ Year(s) Dates Employed: _____																
Reason for Leaving _____																
Permission for Grand River Employment and Training (GREAT) to keep a copy of application to assist in seeking/obtaining employment. <input type="checkbox"/> Yes <input type="checkbox"/> No																
Are you legally able to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Do you wish to work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Contract																
Some positions may require a medical examination as it pertains to the position and will be requested if you are the successful candidate. Would this present a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No																
PART II EDUCATION																
		Secondary School					College or University					Graduate or Professional				
Year Last Attended																
Level Completed		9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
Certificates, Diplomas, Degrees obtained																
Course of Study Taken																
List any specialized Training, Apprenticeship Skills, Awards, Professional Designations, and other Education																

PART III WORK HISTORY			
I - Present or Last Employer		Name of Employer:	
Address:		Period Employed:	
Your Job Title:		Your Reason for Leaving:	
Name & Title of Immediate Supervisor:		Telephone Number:	Email Address:
II - Previous Employer		Name of Employer:	
Address:		Period Employed:	
Your Job Title:		Your Reason for Leaving:	
Name & Title of Immediate Supervisor:		Telephone Number:	Email Address:
III - Previous Employer		Name of Employer:	
Address:		Period Employed:	
Your Job Title:		Your Reason for Leaving:	
Name & Title of Immediate Supervisor:		Telephone Number:	Email Address:
In addition to your Immediate Supervisors, what other work-related Supervisory references may we speak to? (List name, job title, phone number and email address.)			
1. _____			
2. _____			
3. _____			

****PLEASE READ CAREFULLY****

YOU ARE REQUIRED TO PROVIDE PROOF OF YOUR PROFESSIONAL AND EDUCATIONAL QUALIFICATIONS AS IT PERTAINS TO THE JOB DESCRIPTION. PLEASE ATTACH A COPY OF YOUR DIPLOMA, DEGREE, CERTIFICATE OR TRANSCRIPT WITH YOUR COVERING LETTER, RESUME AND APPLICATION FORM. IF THIS INFORMATION IS NOT ATTACHED THEN IT IS DEEMED AN INCOMPLETE PACKAGE, WHICH MAY DISQUALIFY YOU FOR AN INTERVIEW.

By signing this application you are consenting for this Employer to contact your current and previous Employers (as listed above) for reference checks.

Authorization:

I have completed this application to the best of my ability and the foregoing statements are correct to the best of my knowledge. I do understand that any misrepresentation may disqualify me from employment or be cause for dismissal. If I am hired, I shall abide by all policies and procedures of the Six Nations Elected Council which includes serving an initial probationary period.

Applicant's Signature

Date

